

61520 JUN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15881

BIRTH NO.		REG. DIST. NO. 71		PRIMARY REG. DIST. NO. 3012		Registrar's No. 86	
1. PLACE OF DEATH a. COUNTY <i>Clay</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Clay</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Excelsior Springs</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Excelsior Springs 1242</i>		d. STREET ADDRESS (If rural, give location) <i>437 Benton</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Excelsior Springs Hospital</i>				3. NAME OF DECEASED (Type or Print) a. (First) <i>LULA</i> b. (Middle) <i>HELEN</i> c. (Last) <i>BRYANT</i>			
4. DATE OF DEATH (Month) (Day) (Year) <i>May 30 1952</i>		5. SEX <i>FEMALE</i>		6. COLOR OR RACE <i>WHITE</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	
8. DATE OF BIRTH <i>June 15, 1875</i>		9. AGE (In years last birthday) <i>76</i>		10. MONTH <i>11</i> DAY <i>15</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>RAY COUNTY MO</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Rooming House & Seamstress</i>				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>William Mc Garvin</i>		13b. MOTHER'S MAIDEN NAME <i>Mollie</i>		14. NAME OF HUSBAND OR WIFE <i>Allen V. Bryant, Deceased</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Burle Bryant, R.F.D.I., Ex. Spgs Mo</i>				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Arteriosclerosis</i> DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>years</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Hypertensive - arteriosclerotic Heart Disease</i>		19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <i>4200</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Nov 30 1948</i> to <i>5/30 1952</i> that I last saw the deceased alive on <i>5/20 1952</i> , and that death occurred at <i>12:30</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Berguis B. Robinson</i>				23b. ADDRESS <i>Excelsior Springs Mo</i>		23c. DATE SIGNED <i>6/2/52</i>	
24a. BURIAL CREMATION REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>June 2, 1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Masonic Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Excelsior Springs Mo</i>	
DATE REC'D BY LOCAL REG. <i>6/1/52</i>		REGISTRAR'S SIGNATURE <i>Caroline Hutchings</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Hope Funeral Home</i>		ADDRESS <i>Wingate Hope, Ex. Spgs Mo</i>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Everett L. Lee

Licensed Embalmer No. 4864

P. O. Address Excelsior Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.